



**DELAWARE HEALTH AND SOCIAL SERVICES**  
**Division of Public Health**  
**Laboratory**

Affix CT/GC DNA  
Barcode Label Here

MCI#: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Collection Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print Clearly) (Last) (First)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_

(Check all that apply):

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black ☐ Native Hawaiian or Pacific Islander ☐ Other Race ☐ White Gender: ☐ Female ☐ Male

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Reason for Test: ☐ Screening ☐ Annual ☐ STD Symptoms ☐ Suspected STD contact ☐ Known STD contact ☐ Other

Clinician (Name and ID#): \_\_\_\_\_ ICD-9: \_\_\_\_\_

Insurance Status: ☐ Private ☐ Medicaid-Delaware Physician's Care, Inc. ☐ Medicaid-Diamond State  
☐ Medicaid-Fee for Service ☐ Uninsured ☐ Unknown ☐ Medicaid # \_\_\_\_\_

**TEST REQUESTED**

**Microbiology**

- ☐ Chlamydia and GC DNA Amplification: Cx / Urethra / Urine  
☐ Syphilis - RPR  
☐ Syphilis - Confirmatory TPPA (includes RPR)  
☐ Syphilis - FTA (Sent Out)  
☐ Syphilis - VDRL (CSF Only)  
☐ Gonorrhea Culture - Source: \_\_\_\_\_  
☐ Urine Culture  
☐ Throat for Strep Only  
☐ Bacterial Culture (Misc., wound, genital, respiratory)  
Source: \_\_\_\_\_  
☐ Stool Culture  
☐ Stool Culture to Rule Out Salmonella / Shigella  
☐ Ova and Parasites  
☐ Serotype Organism: \_\_\_\_\_ Source: \_\_\_\_\_  
☐ AFB Culture and Smear Source: \_\_\_\_\_  
☐ AFB Smear Only Source: \_\_\_\_\_

**Virology**

- ☐ Viral Culture Source: \_\_\_\_\_  
☐ Herpes Culture Source: \_\_\_\_\_  
☐ HIV / Confirmation Source: \_\_\_\_\_  
☐ Influenza Culture Source: \_\_\_\_\_  
☐ Organism Isolate Source: \_\_\_\_\_  
☐ CSF Culture Profile  
☐ WNV IgM ☐ WNV IgG  
☐ Hepatitis A Antibody IgM and IgG  
☐ Hepatitis B Surface Antibody  
☐ PCR for: \_\_\_\_\_

**Chemistry - Blood Lead**

- ☐ Screen ☐ Confirmation ☐ Post Confirm repeat

Risk: ☐ Low ☐ High  
Sample Type: ☐ Venous ☐ Capillary  
Screened In: ☐ CHC (65) ☐ WIC (58) ☐ Other (62)  
Hgb: \_\_\_\_\_

**Rapid / Clinic Tests**

- ☐ Rapid HIV: Blood / Oral ☐ GC Gram Stain (males only)  
☐ Hgb S (Sickle Cell Screen) ☐ Hgb ☐ Stat RPR

**GONORRHEA / CHLAMYDIA DNA AMPLIFICATION QUESTIONS FOR YOUTH THROUGH AGE 18**

#Sexual partners during past 6 months? \_\_\_\_\_  
Had STD education in school? Yes No  
Past history Syphilis? Yes No  
Past history Chlamydia? Yes No  
Past history Gonorrhea? Yes No  
Past history other STD? Yes No  
Females-history of previous PID? Yes No  
Females-previous pregnancy? Yes No  
Under influence of drugs or alcohol during last sexual encounter? Yes No  
Used a condom last sexual encounter? Yes No

**Check Contraceptive Method Used in Last Sexual Encounter:**

- ☐ Abstinence  
☐ Condom  
☐ Condom and Spermicides  
☐ Diaphragm  
☐ Injectable contraceptive  
☐ IUD  
☐ Oral Contraceptive  
☐ Spermicides  
☐ No Method  
☐ Other \_\_\_\_\_

Order Number: \_\_\_\_\_